

MODEL PAYMENT AUTHORIZATION

Family Independence Agency

NOTE: See Back Copy for Instructions.

CASE DATA	1. Case Name					6. Reason Issued/Action:					7. Services Third Party Name and Address														
	2. Case Number				3. Run Date																				
	4. Co.	Dist.	Unit	Worker	Transaction Number																				
RECIP. DATA	8. Recipient Name			Recip. ID Number		10. PAMA CD/ST	11. PAMA Action Date		12. Redetermination Date		13. Phys. Cert. Dt.		14. RSDI Income		15. Total Income		16. Empt. Hand		17. Pay. Term						
PROVIDER ENROLLMENT	18. Provider ID No.			19. Prov. Elig.		20. Provider INDIVIDUAL# BUSINESS*				21. Provider Name															
	22. Supplemental Address					23. Street and Number					24. City			25. County		26. State		27. Zip Code							
	28. AC		Telephone Number			29. Provider Tax ID No.				30. Prov. D.O.B.		31. Provider Recipient ID No.			32. Living Arr.		33. Relationship								
	34. Service Code		35. Pay. Beg. Date		36. Pay. End. Date		37. Rec.	38. Pay To	39. Mail To	40. Hrs/Days	41. D/W	42. FICA	43. Care Cost \$		44. Client Pay \$		45. FICA Amount \$		46. FIA Pay \$						
	47. Reason Issued:										48. Serv. Auth.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
PROVIDER ENROLLMENT	R18 Provider ID No			R19 Prov. Elig.		R20 Provider INDIVIDUAL# BUSINESS*				R21 Provider Name															
	B22. Supplemental Address					B23. Street and Number					B24. City			B25. County		B26. State		B27. Zip Code							
	B28. AC		Telephone Number			B29. Provider Tax ID No.				B30. Prov. D.O.B.		B31. Provider Recipient ID No.			B32. Living Arr.		B33. Relationship								
	B34. Service Code		B35. Pay. Beg. Date		B36. Pay. End. Date		B37. Rec.	B38. Pay To	B39. Mail To	B40. Hrs/Days	B41. D/W	B42. FICA	B43. Care Cost \$		B44. Client Pay \$		B45. FICA Amount \$		B46. FIA Pay \$						
	B47. Reason Issued:										48. Serv. Auth.	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14
PROVIDER ENROLLMENT	C18 Provider ID No			C19 Prov. Elig.		C20 Provider INDIVIDUAL# BUSINESS*				C21 Provider Name															
	C22. Supplemental Address					C23. Street and Number					C24. City			C25. County		C26. State		C27. Zip Code							
	C28. AC		Telephone Number			C29. Provider Tax ID No.				C30. Prov. D.O.B.		C31. Provider Recipient ID No.			C32. Living Arr.		C33. Relationship								
	C34. Service Code		C35. Pay. Beg. Date		C36. Pay. End. Date		C37. Rec.	C38. Pay To	C39. Mail To	C40. Hrs/Days	C41. D/W	C42. FICA	C43. Care Cost \$		C44. Client Pay \$		C45. FICA Amount \$		C46. FIA Pay \$						
	C47. Reason Issued:										48. Serv. Auth.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
SIG	49. Supervisor Signature (As required)										50. Provider Certification (Worker Signature)														

Item 10 – PAMA Code/Status

Item 12 – Redetermination Date

Item 13 – Physician’s Certification Date

Item 16 – Employed Handicapper

0 = Not applicable

1 = Eligible for Title XX

2 = Not eligible for Title XX

(Eligible under other funding)

Item 17 – Pay Termination Code

1 = Died

2 = Changed to independent living arrangement, no longer requires payment

3 = Relocated in adult foster care

4 = Placed in nursing home

5 = Relocated in home for the aged

6 = Placed in hospital

7 = Condition improved, no longer requires payment

8 = Other

Item 19 – Provider Eligibility

01 = Home help

02 = Adult foster care/County Infirmary

03 = Home for the aged

04 = Child Care Institution

05 = Substance Abuse Treatment Center

Item 29 – Provider Tax ID Number

Indicates type of tax used and number

S = Social Security Number

M = Michigan tax number

F = Federal tax ID

(Michigan tax number begins with alpha characters in addition to the M indicated above.)

Item 32 – Living Arrangement

Y = Yes, provider lives with client

N = No, Provider does not live with client

Item 33 – Relationship

1 = Parent

2 = Daughter/son

3. = Other relative

4 = Non-relative

Item 34 – Service Code

0301 = Home help

0302 = Home help (adult protective services)

0401 = AFC/HA personal care/supplemental

0501 = Guide dog

0402 = DCH/AFC

0403 = DCH/CCI/HA

0601 = SDA/HA

0602 = SDA/AFC – Domiciliary Care

0603 = SDA/AFC – Personal Care

0606 = SDA/CI – Personal Care

0607 = SDA/CI – Domiciliary Care

Item 35 – Payment Begin Date

Item 36 – Payment End Date

Item 37 – Recoupment

Item 38 – Pay To

1 = Client/provider

2 = Client

3 = Provider

4 = Third party

Item 39 – Mail to

1 = Client

2 = Provider

3 = Third Party

Item 41 – Days/Weeks

Item 42 – FICA

Y = Yes, add FICA

N = No, do not add FICA

Item 48 – Services Authorized Personal Care

1 = Eating/feeding

2 = Toileting

3 = Bathing

4 = Grooming

5 = Dressing

6 = Transferring

7 = Ambulation

8 = Assisting with self administered medication

9 = Meal preparation

10 = Shopping/errands

11 = Laundry

12 = Light housecleaning